

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dlp.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

March 5, 2014

Ms. Melissa Greason, Administrator
Washington Elms
126 Elm Street
Bennington, VT 05201

VIA FAX (802) 447-8242 AND FIRST CLASS MAIL

Dear Ms. Greason:

The Division of Licensing and Protection completed the complaint investigation at your facility on **February 18, 2014**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found that your facility was in substantial compliance with the participation requirements. However, there is one deficiency, which requires a plan of correction. Please write/type the Plan of Correction in the space provided. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **March 18, 2014**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

If you disagree with the existence or accuracy of a deficiency, please provide comments in the space provided beneath the deficiency statement.

You may also request an informal review of all or part of the contents of the notice at any time prior to **March 18, 2014** letter by calling Frances Keeler, RN, MSN, DBA, Assistant Division Director, or Clayton Clark, Division Director at 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 871-3350.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **March 18, 2014**.

Appeals

As noted above, you may seek an informal review from Frances Keeler, RN, MSN, DBA, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 120 State Street, Montpelier, VT 05620-4301. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection
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Waterbury, VT 05671-2306
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March 20, 2014

Ms. Melissa Greason, Administrator
Washington Elms
126 Elm Street
Bennington, VT 05201-2232

Provider #0103

Dear Ms. Greason:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site complaint investigation conducted on **February 18, 2014**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure

PRINTED: 03/03/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/18/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WASHINGTON ELMS

126 ELM STREET
BENNINGTON, VT 05201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 2/18/2014. The following is a regulatory violation.	R100	Please see attached Plan of Correction.	
R191 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports 5.12.c A home must file the following reports with the licensing agency: 5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file. 5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file. 5.12.c.(3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained. 5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal	R191	See Attached 3-11-14	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Michelle Ansell* TITLE *RnMason*

(X5) DATE 3-11-14

STATE FORM

9899

TGR611

If continuation sheet 1 of 4

PRINTED: 03/03/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0103	(X2) MULTIPLE CONSTRUCTION A. BUILD NO: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2014
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126 ELM STREET
BENNINGTON, VT 05201

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R191	Continued From page 1 course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours. 5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency. 5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have a written report of accidents and/or illness in 2 of the 3 medical records reviewed. The facility also failed to report incident involving resident to resident abuse to the State Licensing Agency on 2 of 3 investigated cases. 1.) On 2/18/2014 upon record review of Resident #1, there was no documentation regarding an incident that occurred on 12/31/2013 in which Resident #1 was the victim of physical contact from another resident. Resident #1 has diagnoses which include left eye blindness; TBI with seizures and HTN. Per interview with the RN nurse manager, Resident #1 was pushed and slapped by another resident on 12/31/13. Resident #1 uses a cane to maintain balance. Per interview with Resident #1, s/he was in the hallway when s/he was pushed and then "tapped" on her/his buttocks. Confirmation was made with the RN at 2:00PM, that there was no documentation and s/he was aware there should be written documentation regarding incidents/accidents and follow up documentation.	R191		

Division of Licensing and Protection
STATE FORM

6899

TGR611

If continuation sheet 2 of 4

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FORM APPROVED

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WASHINGTON ELMS

126 ELM STREET
BENNINGTON, VT 05201

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R191	Continued From page 2 2.) On 2/18/2014 upon record review of Resident #2, there was no documentation regarding an incident that occurred on 12/31/2013 in which Resident #2 was the victim of physical contact from another resident. Resident #2 has the following diagnoses: Schizophrenia; Anxiety; HTN; CAD; Hyperlipidemia and GERD. Per interview with the RN nurse manager, Resident #2 was pushed and slapped by another resident. Resident #1 uses a walker to maintain balance. Per interview with Resident #2, s/he was in the hallway when she was pushed and then "slapped" on her/his buttocks. Confirmation was made with the RN at 2:00PM, that there was no documentation and s/he was aware there should be written documentation regarding incidents/accidents and follow up documentation. 3.) On 2/18/2014 upon review of the medical record for Resident #3, there was documentation that indicated resident to resident abuse. Resident #3 has the following diagnosis: Schizophrenia with persecutory delusions; Hallucinations; Disorganized behaviors; Assaultive behaviors; Diabetes and GERD. Resident #3 had resided at the facility from 12/29/12-12/31/13. Progress note written on 9/28/13 presented with the resident grabbing the walker of another resident while in the hallway and then shoved that resident out of her/his way. Per confirmation at 3:15PM with the RN, there was no incident report filed and it was not reported to the State Agency. 4.) On 2/18/2014 upon review of the medical record for Resident #3, there was documentation that indicated resident to resident abuse. Resident #3 has the following diagnosis: Schizophrenia with persecutory delusions;	R191		

Division of Licensing and Protection
STATE FORM

6059

TGR611

If continuation sheet 3 of 4

PRINTED: 03/03/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/18/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WASHINGTON ELMS

126 ELM STREET
BENNINGTON, VT 05201

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R191	Continued From page 3 Hallucinations; Disorganized behaviors; Assaultive behaviors; Diabetes and GERD. Resident #3 had resided at the facility from 12/29/12-12/31/13. Progress note written 12/25/2014 presented with the resident becoming angry and verbally abusive to staff and then she hit another resident in the groin. Per confirmation at 3:15PM with the RN, there was no incident report filed and it was not reported to the State Agency.	R191		

Division of Licensing and Protection
STATE FORM

6890

TGR611

If continuation sheet 4 of 4

Plan of Correction

R191 V Residents Care and Home Services R191

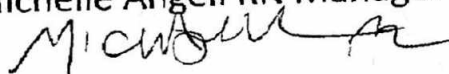
5.12. C (5)

An In-service was conducted for all staff by the RN Manager Michelle Angell on March 10, 2014; the following was reviewed, to follow the protocol for resident to resident altercation including documentation in both the residents' charts, and to fill out an incident report. ALL pertinent people will be notified including contacting the RN Manager, The administrator, and the emergency contact. Adult Protective Services will be notified (DAIL) Immediately a copy of the report will be sent within 72 hours (BY the RN Manager or the Administrator but all staff have the right and/or responsibility to report and to follow up with the person who puts in the report to see the outcome.

An in-service is scheduled for March 24, 2014 for Abuse/Neglect and Exploitation the last full in-service on that topic was 11-4-13. We do our in-services on a yearly calendar basis.

RN Manager will monitor resident records on a minimum of a weekly basis. A Form will be generated to confirm monitoring. A full chart review was completed on March 6, 2014 and March 7, 1014.

Michelle Angell RN Manager



Revised March 16, 2014

Michelle Angell RN Manager



R191 POL accepted 3/20/14 BBortell RN/pmc